

One-time Only Accreditation Assistance
Frequently Asked Questions (FAQ) #1
July 27, 2017

1. How can one-time only accreditation funding be used?

One-time only accreditation assistance can be used to pay a provider's application fee to become accredited, the purchase of a manual and workbook, and the fees associated with accrediting body's site visit/survey.

2. What activities are non-eligible for funding?

The activities that are not eligible for accreditation assistance include:

- Consultation
- Staff time
- Hiring additional staff to meet accreditation requirements
- Equipment
- Office Supplies
- Computer software
- Retroactive reimbursement for fees already paid (prior to April 1, 2017)

3. What are the eligibility requirements for accreditation assistance?

The provider must satisfy the following criteria:

- Currently be approved and certified and licensed to provide services in Maryland.
- Provide services to Medicaid eligible or uninsured individuals who meet the medical necessity for public behavioral health services.
- Register or be registered as a Medicaid provider if services are reimbursable by Medicaid. (ASAM Level 3.1 is not Medicaid reimbursable and are excluded from this requirement.)
- Obtain or possess a National Provider Identifier (NPI) number
- Register or become registered with Beacon Health Options

4. Is there an application form? What information should I obtain from the provider determine if they are eligible for accreditation assistance?

There is no application form, however some jurisdictions have converted the eligibility requirements into a form for providers to submit their request on. The CSA, LAA or LBHA should

obtain information from the provider to document they meet the eligibility requirements mentioned in question #3 and provide the following information:

- An explanation as to why assistance is needed;
- A plan for becoming accredited by the required accreditation deadline of December 31, 2017;
- A detailed budget;
- A detailed invoice from the provider from the accrediting body showing detailed cost; and
- Documentation demonstrating financial need

5. How do I determine which providers to award funding to?

All request should be reviewed and responded to as received. Request should be reviewed based on the criteria outlined in the Conditions of Awards (COAs) provided by BHA.

6. How much funding can be awarded to each provider?

The amount of assistance will depend on the accrediting entity's fees and the type of assistance requested, i.e. application fees only, manual only, survey cost only, or funds for all three eligible expenses.

The average cost for all eligible cost is usually less than \$15,000.

7. How would the CSA, LAA or LBHA determine if a provider has a financial hardship?

The provider must first provide a written justification for financial assistance explaining why accreditation was not pursued prior to date of requesting assistance. In addition to requiring a justification, CSAs/LAAs/LBHAs shall establish their own criteria for determining financial hardship, which should be uniformly applied to every provider seeking financial assistance. When determining whether a provider satisfies the CSAs/LAAs/LBHA criteria, the provider's financial statements should be carefully reviewed. The financial statement may consist of prior years financial statement that includes revenue, assets and deficits.

8. Can a provider rendering services in multiple jurisdictions receive assistance from more than one jurisdiction?

Yes, the provider can receive assistance from more than one jurisdictions if they meet the eligibility requirements for assistance. If a provider submit a request for multiple jurisdictions, the CSAs, LAAs, and LBHAs should review. If the provider meets the criteria for assistance, the

CSA, LAAs, and LBHA should approve and notify the CSAs, LAAs, and/or LBHA in the other jurisdictions to avoid duplication and/or fraud. The CSA, LAA or LBHA should submit accreditation assistance reporting forms to BHA and the other jurisdictions for tracking and monitoring purposes.

9. Can a LAA that is a direct service provider receive assistance? What is the process for review of these applications?

Yes, a LAA that is also a direct service provider can receive assistance if it meets the eligibility criteria for one-time accreditation assistance.

The designee for approving uninsured exceptions should review the LAA's application and make a determination to approve or deny. The funding should be awarded from the LAA where the services are located.

10. Can the CSA, LAA or LBHA reimburse providers for application fees, manual and survey visits already paid?

Retroactive reimbursement will be allowed for cost paid after April 1, 2017. The provider must provide a dated receipt with details on all eligible expenses.

11. How will BHA track assistance approved by the CSA, LAA or LBHA?

BHA will track assistance provided to providers through the BHA accreditation assistance reporting forms submitted to BHA by the CSA, LAA or LBHA bi-weekly.

12. Where does the CSA, LAA or LBHA send the reporting forms and when are the reporting forms due?

CSAs, LAAs or LBHAs should submit the reporting forms to mdh.adaa_grants@maryland.gov by the 15th and 30th of each month. BHA will also need a report for assistance provided through start-up and roll-over funds as well in FY 2017 and 2018 for the Department's Joint Chairmen's report.

13. Does the CSA, LAA or LBHA need to submit a form if no accreditation assistance was provided or a provider was denied assistance?

Yes, the CSA, LAA or LBHA should submit a response even if no assistance was provided.

14. Are the Conditions of Awards BHA sent out applicable to LAAs only or all CSAs, LAAs or LBHAs? Will separate Conditions of Award be developed for CSAs?

The Conditions of Award are applicable to all CSAs, LAAs and LBHAs. Separate Conditions of Award will not be issued.

15. Should a provider pay the accreditation cost to the accrediting entity directly and then submit receipts to the CSA/LAA/LBHA, or should the CSA/LAA/LBHA pay the accrediting entity based on a provider's invoice?

Either option is permitted. The purpose of providing one-time assistance is to assist providers who are experiencing financial hardship to become accredited. The jurisdiction may obtain an invoice from the provider that is provided to them by the accrediting body and pay the accrediting entity directly on behalf of the provider.

16. What should I do if I anticipate that I will be unable to spend the entire \$50,000 grant award?

Accreditation funding was awarded to all of the Local Addiction Authorities in the amount of \$50,000. If the LAA is unable to spend the award for any reason, the LAA should not submit a budget for BHA approval. Instead, the LAA should notify the BHA grants office in writing to mdh.adaa_grants@.maryland.gov.

17. The procurement process for the LBHA and LAA is lengthy. The LBHA/LAA will not be able to pay providers. What should I do?

If you have a provider in your jurisdiction in need of assistance, and your jurisdiction is unable to pay accreditation costs due to systematic issues, Behavioral Health Systems Baltimore has offered to assist with making the funding to the provider. The provider's jurisdiction must perform the review and the sign off authorizing payment.

18. What should I do if my jurisdiction needs additional grant funding?

You should submit a request for supplemental funding to mdh.adaa_grants@.maryland.gov with support documentation showing the estimated need.

20. CSAs did not receive the \$50,000 award letter. What should I do if I am a CSA?

If there is an immediate need, please send the information to Marian Bland (marian.bland@maryland.gov) and Marion Katseres (marion.katseres@maryland.gov) for review.

BHA is developing a plan for an initial distribution to the CSA's similar to the LAA's and will provide that information shortly.